

## Utah State Medical Association

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**To the Secretaries of all Component Societies of the Utah Medical Association**—The following letter has been sent to all county societies by J. U. Giesy, associate editor for Utah. The results will be reflected in this department during the coming year.

My dear Secretary—Recently the president of the Utah Society appointed the undersigned as associate editor of California and Western Medicine—the official organ of our state society, for the ensuing year.

In the past, the Utah department has not been made as much of as is believed it can be, and to the end of furthering and building up Utah's representation, I am writing to ask that each secretary of each county society forward to my address a brief resume of his society's proceedings for each month, early enough to reach me not later than the 10th of the month. On my part, copy must reach the magazine office not later than the 20th.

Furthermore, any news of members of the society should be included—the goings and comings, births, deaths, with a short obituary notice, marriages, anything of interest as affecting the membership, trips, post-graduate work, etc.

In addition, there will be space now and then available for short papers. It is suggested that each society arrange to have one or two papers on timely subjects written and sent in to this office through the secretary during the next twelve months.

I am just in receipt of a complimentary letter regarding the report of the recent state convention. Let's keep up the good work. Let me again ask your co-operation in making the magazine interesting to all the Fellows in the state, and putting Utah on the map in every state the publication may reach.

Fraternally yours,  
 J. U. GIESY,

**Post-graduate Week**—The Utah Medical Association Committee on Education and Post-graduate Work consisting of R. O. Porter, H. L. Marshall, W. R. Calderwood made the following announcement of plans for the annual week of graduate instruction to be held in Salt Lake City during the last week of August. We had to go to press before a final report could reach us, but it will be published in the next issue.

The course will be of six days' duration. Each morning's work will consist of two clinical lectures of approximately one hour and a half each. The first will be devoted to common problems in general medicine with emphasis on diagnosis. The second period will be devoted to pediatrics. Both of these clinics will be held in rotation at the hospitals of the city, and the point of view throughout will be to make them practical. Announcement of the instructors will be made later. Negotiations are well under way with some of the most eminent men in the United States in the lines indicated.

During the afternoons of the week it is planned to conduct in the laboratories of the University of Utah Medical School a short, intensive course in clinical laboratory methods. New and simplified procedures, suitable for the general practitioner, are constantly appearing, and many men have expressed their desire for opportunity to review the older methods. All of the facilities of the State Medical School will be available for lecture, demonstration, and actual laboratory practice.

This promises to be the most pretentious week of graduate instruction undertaken so far by the state association. Yet, in order to make it attractive to

as large a number as possible, no increase in the customary \$10 registration fee is contemplated.

**Dr. Clifford Grule**, eminent pediatrician of Chicago, has been secured to give the six clinics on pediatrics.

The lecturer on general medicine will be announced in a few days.

On July 12, the Oregon Short Line opened the third of its company emergency hospitals in the north yards at Salt Lake. This is known as the Oregon Short Line Emergency Company, and is a bungalow type structure with an emergency ward, an operating-room, a sterilizing-room, bath, and office.

Over the door is a bronze memorial tablet to Dr. S. H. Pinkerton, for many years the chief surgeon of the system. The company-owned and operated emergency hospital is the fruition of an ideal for which Dr. Pinkerton has long worked, and insofar the establishment of these hospitals becomes a monument to his endeavors to insure a competent and needful service to the company men.

The Utah department of registration, which is fostered and supported by the Utah state society, is functioning splendidly. Since the diploma-mill expose of some months ago, the department has been very busy. Some people say they are too busy. But—Lord knows it's hard enough for the regularly qualified doctors to give satisfaction, let alone a diploma-mill graduate—and there are the sick people to be considered. What does the average blacksmith know about radio anyway?

In the death of Dr. Edward Palmer Le Compte, father of Dr. Ed. Le Compte of Salt Lake, the medical profession of Utah loses one of its veterans. Dr. Le Compte was found dead in his office from cerebral hemorrhage.

Dr. Le Compte was an ex-army surgeon, having served with Custer in the early days of the West. He was born in Cambridge, Md., in 1846 and entered the United States army as a surgeon in 1874. He served under the colors until 1882. In 1878 he came to Utah and was stationed at Fort Douglas. He was married to Lydia Wells, daughter of James Wells, in 1880, and in 1883 moved to Park City, where he had lived ever since.

Besides his wife, Dr. Le Compte is survived by a son and a daughter, Dr. Edward D. Le Compte and Mrs. Wilson I. Snyder, both of Salt Lake.

During the past month the State Medical Society and the entire medical world of the intermountain country suffered an irreparable loss in the death of Dr. John F. Critchlow, who was killed on the night of July 24, when his car, carrying himself and wife, was wrecked on the road detour near Willard, Utah.

Staff members of St. Mark's hospital passed the following resolution on Dr. Critchlow's death:

"The grim reaper has once again descended upon our happy organization and has removed forever from our midst our beloved and endeared brother, Dr. John F. Critchlow. For more than twenty-five years Dr. Critchlow gave freely of his best efforts to the proper support and upbuilding of our institution. During these years he had, by his genial disposition, kindly ways and happy smiles, endeared himself to every active associate and consulting member of this staff; to the nurses who worked under and for him; to the patients relieved and cured by the deftness of his hands and the keenness of his intellect. This tremendous gap so quickly made we feel can never be filled. The kindly hand on our shoulder and the helping word in times of difficulty will be forever missed, and words are inadequate to express the greatness of our loss; therefore, be it

"Resolved, that this resolution be spread upon the minutes of this hospital staff and a copy be sent to his family, with the expression of our deepest sympathy."

The sectional meeting of the American College of

Surgeons for Idaho, Colorado, Utah, Wyoming and Montana was held at Pocatello, Idaho, August 25 and 26, 1924. An extensive and varied program regarding different phases of hospital work was carried out.

## Medical Economics and Public Health

**Malpractice Insurance**—A celebrated malpractice suit against a prominent physician in London in which the lower courts gave a very heavy penalty has recently been featured in international news. The matter is still pending in superior courts.

In the meantime, British physicians are aroused over the necessity of ample legal protection, about which the British Medical Journal made editorial comment recently, abstracts from which may be of interest to our readers.

"The first step, after being qualified to practice," says the editor, "should be to become an active member of the British Medical Association and to join one of the professional defense societies."

"As a result of the case of Harnett v. Bond and Adam (in which the latter society undertook Dr. Adam's defense), and the anxiety the decision in the lower court has aroused in the minds of the profession, the councils of the Medical Defense Union and the London and Counties Medical Protection Society, acting on the advice of a standing joint committee, have decided to afford their members 'unlimited indemnity against damages and costs of the other side on the same conditions as at present prevail.' What this new provision means is made clear by the following statement published by the Medical Defense Union in our advertisement pages this week: 'In addition to the ordinary benefits of membership, each member is now provided with unlimited indemnity against damages and costs awarded against him in any case which is undertaken by the Union on his behalf. So that by a single payment of £1 per annum each member of the Union obtains complete security.' It should never be forgotten that, however skilful and careful a medical practitioner may be, there is always the risk that his treatment and general conduct of a case may be challenged (often long after the event) by the patient or by someone acting on the patient's behalf. In view of this ever-present danger, and of the extremely moderate subscription payable for membership of the societies undertaking individual medical defense, it is most disquieting to learn, on the authority of Dr. Fegen, chairman of Council of the London and Counties Medical Protection Society, that much less than half of the practitioners of this country belong to a defense society. The childlike optimism with which some 25,000 members of our profession refrain from protecting themselves at a trifling cost against incalculable risk passes our comprehension."

Sounds much like home, doesn't it?

**Is This Limited to Indiana?**—"It is reported that some prominent members of the medical profession are having their laboratory work done gratuitously by the State Board of Health and then charging the patients for it at regular rates. If this allegation is true, then there is ample reason for the statement of the secretary of the State Board of Health that the policies pursued by the board have the endorsement of some of the prominent members of the profession. While we fully endorse the practice of charging patients for laboratory services when able to pay, and under no consideration do we uphold the policies of the state laboratories in making free examinations for any and all who come for service, yet we cannot uphold the doctor, whoever he may be, who charges for services that are rendered him gratuitously by the

state and does it with the distinct purpose of avoiding the legitimate charges that would be made if a private laboratory did the work for him."—Editorial, The Journal of the Indiana State Medical Association, July 15, 1924.

**"Spoonfeds"**—"However convincing the arguments advanced in favor of the 'Sheppard Towner' bill may be," says W. H. G. Jr. in San Diego County Medical Society Bulletin, "there yet remains room for questioning the ultimate general future. With a bureau for this and a bureau for that for whose support we are taxed by two agencies whose functions should be distinct, what is the end? The lavish expenditure, already astounding, will soon make state income taxes more prevalent than at present. For an example of efficiency one needs only to deal with one of these government organizations, that, regardless of the holy ideals expressed at the outset, have degenerated most rapidly into pastures for 'lame ducks' and loyal constituents. We've too much bureaucracy already. President Coolidge's recent warning is both timely and pertinent.

"Then, too, just how willing are we to accept state medicine with lay control? It has been tried out in Europe and found a dismal and pathetic failure. Even Russia has had to 'de-governmentalize' her physicians and put them back into the old capitalistic system. Just how 'pink' do we wish to become? Just how much of diagnosis and therapeutic advising do we wish to turn over to our lay school officials or even to our Board of Public Health? The province of the former is education and not the diagnosis of disease, and that of the latter public health matters in the bulk and co-operation with the medical profession in individual cases. The exercising of the physician's function on the part of the former (and it is being exercised) is a crime against the children of our schools, and on the part of the latter it is socialism. 'State medicine will spell the doom of inspiration in medical work and of unlimited medical progress.' 'The wild quest for the "free," for the "gift," always ends in bitterness for all concerned.' The thing we get for nothing we value at nothing. 'Not protection but pressure, not a lightening but an increase in the burden makes the giant,' says Dr. Fischer of Cincinnati. May we not become 'spoonfed' in our expectation of continual and universal aid from an increasingly paternalistic federal government, spoonfed morally if not physically?"

**Health Education Conference**—A widely attended conference of several of the agencies interested in improving the health status, health outlook and health education among children was held recently at the Massachusetts Institute of Technology under the supervision of the Child Health Association. The following brief quotations from the proceedings are interesting and significant:

"The ultimate responsibility for the health education of the child lies with the classroom teacher. The teacher is 'the cloud by day and the pillar of fire by night' who will lead her children into the promised land of health and happiness.

"This is the most wonderful time in the world for health education to come into its own, for the school curricula are being made over to meet the physical, mental and spiritual needs of the individual child. **Health must be taught, and the people who are working out how it shall be done are the classroom teachers in the public schools.** . . . If the principal, the classroom teacher, the parents, the doctor, the nurse, and the physical educator all care, the child will care, and **nothing can stop this health movement.**

"It is part of a student teacher's responsibility to be physically fit. **We must not grant certificates or diplomas to teachers who are not physically fit and who have not a health consciousness.**

"Health education must not be left to the teacher of hygiene. It is only when health education be-